

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)		09781284	
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1								
2		1							
3		1							
4		1							
5		1							
6		1							
7	1	1							
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49									
50									
TOTAL IND.	4								
TOTAL DEP.	15	1	1	1	1	1	1	1	1
TOTAL CLAIMS	19	1	1	1	1	1	1	1	1